



12-01-06

IFW 1634

PTO/SB/21 (07-06)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

27

Application Number

09/721,506

Filing Date

November 22, 2000

First Named Inventor

Cech, Thomas

Art Unit

1634

Examiner Name

Sisson, Bradley L.

Attorney Docket Number

015389-002616US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
(1 p., submitted in duplicate).
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment including appendices
(10 pp.).
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority
Document(s)

<input type="checkbox"/> Reply to Missing Parts/ Incomplete
Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input checked="" type="checkbox"/> Terminal Disclaimer (2 pp.).
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC

<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):
Copies of Terminal Disclaimers filed
September 29, 2006 (6 pp.); and,
Nakamura et al. Article (5 pp.). |
|--|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit
Account 20-1430.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Randolph T. Apple

Date

November 29, 2006

Reg. No.

50,370

Express Mail Label No. EV 824 645 798 US

NOV 29 2006

PTO/SB/17 (07-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130

Complete if Known

Application Number	09/721,506
Filing Date	November 22, 2000
First Named Inventor	Cech, Thomas
Examiner Name	Sisson, Bradley L.
Art Unit	1634
Attorney Docket No.	015389-002616US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ -20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
_____ -3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

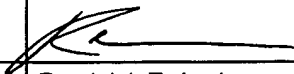
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal (Statutory) Disclaimer
Fees Paid (\$)

130

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	36,429	Telephone	650-326-2400
Name (Print/Type)	Randolph T. Apple			Date	November 29, 2006